

Application for Change/Transfer of Water Right



FOR OFFICIAL USE ONLY

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.) Change purpose(s) of use	DATE APPLICATION R	FEE \$
Add purpose(s) of use	DATE ACCEPTED (13.27-2013 RV S
Change point(s) of diversion/withdrawal	CHANGE NO CSY	0019136102
Add point(s) of diversion/withdrawal	COUNTY LCTTLT	75 WRIA 39
Change/transfer place of use	SPECIAL AREA	
Other (i.e. consolidation, intertie, trust water)		
Explain:	SEPA: C EXEMPT C	
	ECY CODING: 001-00:	and the second of the second o
IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)		PERMIT NO CERT OF CHG NO
☐ I have participated in a pre-application conference	with Ecology.	
1. Applicant Information		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Dodge Family, LLC ADDRESS	509-968-3838	
1751 Denmark Rd		
CITY	STATE	ZIP CODE
Ellensburg	WA	98926
EMAIL ADDRESS (IF AVAILABLE)		
	The state of the s	The state of the s
CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Bob Dodge	509-929-0523	
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Dodge Family, LLC		- LANGE
ADDRESS		
1706 E Ashford Way	STATE	ZIP CODE
Ellensburg	WA	98926
EMAIL ADDRESS (IF AVAILABLE)	1774	
LEGAL LAND OWNER OF PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Robert G Dodge	509-929-0523	
ADDRESS		
1751 Denmark Rd	CEATE	7ID CODE
Ellensburg	STATE WA	ZIP CODE 98926
EMAIL ADDRESS (IF AVAILABLE)	AALF	70720

2. Water Right Information

ECY 040-1-97 (Rev. 02/12)

C34-00191361Dd

54-84446-J

WATER RIGHT OR CLAIM NUMBER						RECORDED NAME(S)						
00191 DO YOU OWN THE RIGHT TO BE CHANGED? ✓ YES [Dodge Family, LLC						
OY OC	J OWN THE	RIGHT TO BE	E CHANGED	? X YES	□ NO							
F NO, I	PROVIDE OW	NER(S) NAM	IE and ADDR	ESS:								
IAS TH	IE WATER BI	EEN PUT TO	BENEFICIAI	USE IN T	HE LAST	FIVE (5)	YEARS?	⊠ YES □	NO			
n.			*				•	. * *		* * * * * * * * * * * * * * * * * * * *		
Also, ij	f you have o		em plan or	conserv	ation pla				al use of water since the oith your application.	e right was establi		
4. E	xisting											
OURC	E		NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG#		
Parke	Creek			NE	NW	23	17	19	510133			
D D	oposed			-1,			***************************************		, , , , , , , , , , , , , , , , , , , ,			
SOURC			NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG#		
	Creek		NO.	NW	NW	23	17	19	510133	WELLTAGE		
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		EXISTING AN										
EXISTI	VG: XES	□ NO PRO	OPOSED: 🗵	YES 🗌	NO – IF N	o, provi	DE OWN	ER(S) NAM	E:			
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	urpose o	of Use:										
URPO	SE OF USE					or CFS	ACR	E-FT/YR	PERIOD OF USE			
Irrigation of 72 acres and stock water					135	3.5 cfs			March 15 through November 15			
rrigat	1011 01 72	acres and	SLUCK WE	itei	3.3	CIS	432		March 15 through I	November 15		
rrigat	1011 01 72	acres and	Stock W	itei	3.3	CIS	432		March 15 through I	November 15		
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3. Pr	oposed SE OF USE				GPM	I or CFS	ACR	E-FT/YR	PERIOD OF USE			
B. Pr	oposed SE OF USE				GPM	I or CFS	ACR	E-FT/YR	PERIOD OF USE			
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3. Pr	oposed SE OF USE				GPM	I or CFS	ACR	E-FT/YR	PERIOD OF USE			
B. Pr	oposed SE OF USE ion of 72	acres and			GPM	I or CFS	ACR	E-FT/YR	PERIOD OF USE			
3. Pr	oposed SE OF USE ion of 72	acres and			GPM	I or CFS	ACR	E-FT/YR	PERIOD OF USE			
3. Prepresentation of the second seco	oposed se of Use ion of 72 ace of U	acres and	stock wa	nter'	GPM 3.5	or CFS cfs	ACR 432	E-FT/YR	PERIOD OF USE			
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1/4	1/4	SEC.	TWP.	RGE,	COUNTY	PARCEL#	# OF ACRES		
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	ROVIDE OWNE			ED PLACE O	r ose: 🛮 les 🗀 no		_		
			***************************************	sed chang	e/transfer. The ma	n should show	existing and proposed point	t(s) 0	
liversio		l, place of					If platted property, please inc		
re there	any ADDITION	AL WATER	rights OR CLA	IMS RELATE	ED to the same property as the	ne ONE PROPOSED F	FOR CHANGE/TRANSFER?		
					M NUMBER(S): Ellensb				
D	morke o	nd Othe	r Dolow	ant Info	rmation:	41 - 42-44			
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							vater will be estimated base at life of the irrigation sprir		
ystem	installed a	s part of t	the conser	vation pro	oject.				
					and 100 feet west on, T. 17 N., R. 19		h quarter corner of Section	1 23,	
cing	widin the r	N1/2 1N VV	17-7-14 W 17-	+ OI SCCII	OII, 1. 17 IV., IX. 19	E. W.1VI.			
							p .a	T.	
							rights. NIL NIM NI hay be pri		
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FOR S	EASONAL OR T	TEMPORARY	, START DA	re/_	END DATE		1/201510	1	
							W / WWW	3	
	~ -				Tax liability for the se		rights.	45 +bi	
					r right related actions int of Revenue, Real I		k,)I uiii	
O Box	47477, Olyı	mpia, WA	98504-747	7. Phone	(360) 570-3265.				
. Sig	gnatures:								
certif	y that the in	formation	above is	true and c	accurate to the best	of my knowleds	ge. I understand that in ord	der to	
rocess	my applicat	tion, I her	eby grant s	taff from t	the Department of Ec	cology or the Co	ounty Conservancy Board acc	ess to	
					urposes. If assisted nation rests with me <u>.</u>	in preparing thi	is above application, I under	*stanc	
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	Printed Name -	Jodg?	1-X4(utor _	n o les l'oplicant Signature	jaage	(Date)		
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KOB	ert GD ht Holder Printe	1996	Execut	-	ater Right Holder Signature	Lady	(Date)		
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Rob	vert 6 k	18dge	EXEC	revely Amana	170 les 1	youse	3/11/13		
\cap	er of Existing Pl	1 1 1	inted Name	La	nd Owner of Existing Place	of Use Signature	(Date)		
Rol	pert 66	0698	Execu	itor_	Robert	Kadsl	3/14/13		
nd Own	er of Proposed F	Place of Use P	Printed Name	La	nd Owner of Proposed Place	e of Use Signature	(Date)		
ase ch	eck the region	in which th	e project is	ocated:		and the same and t			
ubmit	abmit your application to:				Regional Office	│ □ Ea	astern Regional Office		
15 W Ya					akima Avenue, Suite 200 , WA 98902	4	601 N. Monroe Street Spokane, WA 99205-1295		
CASHIERING SECTION				(509) 57			(509) 329-3400		
PO BOX 47611 OLYMPIA, WA 98504-7611			☐ Northwest Regional Office			C Southwart Davianal Office			
			3190 -	160 th Avenue SE	P	Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300			
			Bellevu (425) 64	e, WA 98008-5452 19-7000					
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	☐ APPLICA					NCLUDED or INC			
	□ ADDITIO	NAL SIGNA	ATURES RE	QUIRED	□ SECTION_	IS I	INCOMPLETE		
	OTHER/	EXPLANAT	10N:		Apply 1 Mary 1 M		TORQUES A LA ALLA MINISTERIO A ALLA ALLA MARIA MARIA		
		STAFF	.			ATE: /	/		